2. Permanent defects due to changes in the brain substance. (*a*). Homonymous hemianopsia affecting both eyes, from destruction of one or both visual centres in the occipital lobes, or of the optic radiations, or of the cranial nerves. Rarely, partial hemianopsia, where only a portion of the visual centre is affected. (*b*). Crossed temporal hemianopsia that leads to complete blindness, from a growth in the anterior or posterior optic chiasm.

3. Permanent visual defects originating in the eye itself. (*a*). Enlargement of the blind spot in consequence of papillitis. (*b*). Contraction of the visual field occurring suddenly in one of the principal meridians of either eye, and in its further course distributing itself irregularly. (H. ascribes this to a sudden cutting off of the blood supply to the peripheral retinal arteries). (*c*). Diminution of central vision from anatomical changes at the macula (small hæmorrhages, exudations or detachments), or greater loss of central vision from interruption of nerve fibres entering the macula. In the course of the disease the perceptions of form and color are lost, the perception of light persisting longer and finally ending in total blindness. W. M. L.

THE RESULT OF THE RELIEF FROM PRESSURE IN AFFECTIONS OF THE FUNCTIONS OF THE CORD, OCCASIONED BY VERTEBRAL CARIES.

M. Meyer (Inaug. Dissert. Berlin, 1890) draws the following conclusions as to the prognosis in the disturbances of spinal function in tuberculous spondylitis :

1. If the paralysis in vertebral caries is due only to the compression, recovery is possible on cessation of the pressure and cure or improvement in the bone disease, even if there be no distinct evidence to prove that the pressure has been removed.

2. Should a transverse myelitis be the cause of the disturbance of function, recovery is impossible, according to the views of the experimenters ; while in the opinion of clinicians a cure is possible, under favorable circumstances, even after a long time.

The case upon which the writer bases his observations was that of a young man who fell and struck the back of his neck two months before. After exposure to cold, he at once complained of pain and paræsthesia in the lower extremities, and pain in the chest upon movement of the upper cervical vertebræ.

On admission to the hospital, there was paralysis of the left peronæus, flaccid paralysis of the legs, numbness, high fever and severe pain on movement. The spinous processes of the fifth to the seventh dorsal vertebræ were prominent. Retention of urine; paralysis of rectal sphincters; loss of the skin and tendon reflexes. There was developed gradually a fluctuating tumor adjoining the vertebral column. Pressure over the abscess produced pain which radiated into the legs, together with thoracic pain and dyspnœa. The abscess suddenly ruptured into the lung and was thus evacuated. Relief from the acute symptoms was at once apparent. The paralysis remained. Incontinence of urine took place and the tumor gradually disappeared. Tactile and pain senses returned. The function of the bladder and rectum improved. The symptoms of motor irritation, spasms of the legs, etc., slowly subsided. From the 17th of April to the 2d of October, patient received fifty-two injections of curare (0.0025). The movements of the legs improved and the ataxia and the rigidity disappeared. The reflex activity returned. The bone disease was completely cured. (Centralbl. f. klin. Med., No. 45, 1891). W. M. L.

HEREDITY IN SPINAL CORD DISEASE.

In the Union Médicale Dr. Latil has reported cases in two families that illustrate in a remarkable manner the transmission of predisposition to spinal-cord disease. In one family he had followed the history and seen the development in all its cardinal points of Friedreich's ataxia in four generations of one family. As observed by Mendel in one case, its earliest manifestation has been unsteady chirography from childhood. There were eight victims in all, chiefly in the eldest branch of the family—five men and three women. Associated with Friedreich's disease among these afflicted members of one family was one case of diabetes, one of melancholia, and one of hysteria with astasia-abasia. Transverse myelitis with paraplegia the author had observed in seven persons in three generations in another family, always among eldest children and appearing between the ages of eighteen and forty. The condition remained permanent ; there was paraplegia more or less complete, anæsthesia and abolition of knee-jerk. In the grandson and grandfather the disease was exactly similar in all its manifestations, and appeared to be in no way influenced by the intervening characteristics of other blood.

L. F. B.